IA ETHICS AND

| ON INSTRUCTIONS, SEE BACK OF FORM | | ₩ R M | STATEMENT |
|--|--|--|--|
| CHECK ONE: PM 5.8.3 | 200000000000000000000000000000000000000 | DR-1 | OF |
| This is an initial* Statement of Organization This is an amended* Statement of Organization | ANII: 36 Reset Form | (Rev. 01/2006) | ORGANIZATION |
| *An initial Statement of Organization must be filed within 10 days of the com | | For Office Use (| Only |
| making experiolities, or incurring indeptedness exceeding \$750 Amendmi | ents must be filed within 20 days of | Comm. # | |
| d Cridinge. Penalties may be imposed for late-filed Statements of Omanizati | ion A condidate with an array | Indexed Audited | |
| committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office sou | dovo aithor a nove an amainst- | Computer | |
| | | | |
| COMMITTEE NAME (A candidate's committee must include the candidate's last name in the name of the committee.) | | | |
| IMPORTANT: Indicate type of committee you are reporting for: 5 | | | |
| (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide DAC (2) State Park (1) | | | |
| | | | |
| 17 / Colors Bound of Other Foliation FAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues) | | | |
| COMMITTEE TREASURER (mandatory for all committees) | COMMITTEE CHAIR (man | datory except for a c | andidate's committee) |
| Name Debra Marrissey | Name ↓ ↓ | / | undidate 3 committee) |
| Mailing Address Broad | Mailing Address ↓ ↓ | | |
| City State Pleasant LA 52641 | City, State ↓ ↓ Zip Code ↓ | | |
| Phone (319, 601 -9234 | /- | $\overline{}$ | |
| | Phone () | $\overline{}$ | |
| INDICATE PURPOSE OF COMMUTEE - Charles Pay Made | e-Mail | | |
| INDICATE PURPOSE OF COMMITTEE - Check One Box Advo | Cate for/against candidate(s) | idvocate for ballot issu idvocate against ballo | ie(s) |
| All Candidates Enter | County/Local Candidates | and Local Ballot Cor | nmittees Enter: |
| Office Sought: | - County: Henry | Country | |
| Political Party (if applicable) | (If active in multiple ballot iss | ue elections, attach lis | st of counties |
| District: | Date of Election: Primal | | |
| | | | T. INCOMPUNISA |
| Year Standing for Election: 2008 | | • | / |
| Year Standing for Election: 300 R Bank Account Name | Candidate name & Address or I | Parent Entity (PACs. | / |
| Bank Account Name | Candidate name & Address or I | Parent Entity (PACs. Affiliate, or Sponsor | / |
| Conwell for Supervisor Committee | Candidate name & Address or I | Parent Entity (PACs. | / |
| Bank Account Name | Candidate name & Address or I | Parent Entity (PACs. Affiliate, or Sponsor | / |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Rank | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto | Parent Entity (PACs. Affiliate, or Sponsor Conwell M AVE. | if applicable), |
| Conwell for Supervisor Committee | Candidate name & Address or I | Parent Entity (PACs. Affiliate, or Sponsor | / |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Lilot Grove, Savings Bank Mailing Address HOS. Grand Ove, | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto | Parent Entity (PACs. Affiliate, or Sponsor Conwell M AVE. | if applicable), |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Rank | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto | Parent Entity (PACs. Affiliate, or Sponsor ONWELL MAVE. State | if applicable), |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Lilot Grove, Savings Bank Mailing Address HOS. Grand Ove, | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto City Salem Phone (319) 358 - 2 | Parent Entity (PACs. Affiliate, or Sponsor ONWELL MAVE. State | if applicable), |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Lilot Grove, Savings Bank Mailing Address HOS. Grand Ove, | Candidate name & Address or Joy Lynn (Mailing Address 2917 Clayto City Salem | Parent Entity (PACs. Affiliate, or Sponsor ONWELL MAVE. State | if applicable), |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Lilot Grove, Savings Bank Mailing Address HOS. Grand Ove, | Candidate name & Address or Joy Lynn (Mailing Address 2917 Clayto City Clayto Phone 319) 358 - 2 e-Mail Woodland- | Parent Entity (PACs. Affiliate, or Sponsor ONWELL MAVE. State | if applicable), |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Bank Mailing Address HOS. Grand, Ove, City State Zip Mt. Pleasant The Supervisor Committee affin STATEMENT OF AFFIRMATION: By filing this document the committee affin 1. The committee and all persons connected with the committee understand that | Candidate name & Address or Joy Lynn (Mailing/Address Jay Clay to City City Phone (319) 358 - 20 e-Mail Woodland+ | Parent Entity (PACs. Affiliate, or Sponsor Onwell Adve. State 14 037 Carm @ 1 | Zip + + S 2649 |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Bank Mailing Address HOS. Grand, Ove, City State Zip Mt. Pleasant The Sold4 STATEMENT OF AFFIRMATION: By filing this document the committee affirm 1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure. | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto) City Salem Phone (319) 358 - 20 e-Mail Woodland-1 They are subject to the laws in lowa Course reports and that the failure to file the | Parent Entity (PACs. Affiliate, or Sponsor Onwell AVe. State J.H. O.3.7 Carm (D) de chapters 68A and 6 | Zip ↓ ↓ S 2 4 9 L'SCO.COM 8B and the administrative |
| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Bank Mailing Address HOS. Grove, State Jip | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto) City Salem Phone (319) 358 - 20 e-Mail Woodland-1 They are subject to the laws in lowa Course reports and that the failure to file the | Parent Entity (PACs. Affiliate, or Sponsor Onwell AVe. State J.H. O.3.7 Carm (D) de chapters 68A and 6 | Zip ↓ ↓ S 2 4 9 L'SCO.COM 8B and the administrative |
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| Bank Account Name Conwell For Supervisor Committee Name of Financial Institution/type of Account Filot Grove, Savings Bank Mailing Address HOS. Grand Ove, City State Jajo Jajo STATEMENT OF AFFIRMATION: By filing this document the committee affirm 1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the Iowa Administrative Code. 2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosus subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions. 3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that with the materials except for those items exempted by statute or rule. A committee that with the materials except for those items exempted by statute or rule. | Candidate name & Address or Joy Lynn (Mailing Address 2917 Clayto City Loyto Phone 319) 358 - 200 e-Mail Woodland Course reports and that the failure to file the didate's committee) to the automatic applacement of the words "paid for by" as the sto register a committee name for the store of | Parent Entity (PACs. Affiliate, or Sponsor Onwell Ave. State J. A. O.3.7 Carm (O) Inde chapters 68A and 6 ese reports on or before seessment of a civil per | Zip ↓ ↓ SCO.COM 8B and the administrative at the required due dates natly and the possible |
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| Name of Financial Institution/type of Account Filot Grove, Savivas Bank Mailing Address Mailing Address State J Zip Mailing Address State J Zip State J Zip State J Zip Mailing Address State J Zip State J Zip State J Zip STATEMENT OF AFFIRMATION: By filing this document the committee affirm 1. The committee and all persons connected with the committee understand that it rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosus subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wis does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form 4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the issue PACs. 5. A candidate and a candidate's committee may only expend campaign funds as 6. That the committee will continue to file disclosure reports until all activity has ce dissolution (DR-3) has been filed. | Candidate name & Address or Joy Lynn (Mailing/Address 2917 Clayto City Loyto Phone 319) 358 - 34 e-Mail Woodland Course reports and that the failure to file the didate's committee) to the automatic a placement of the words "paid for by" a shes to register a committee name for in lieu of filing this form. | Parent Entity (PACs. Affiliate, or Sponsor On Well Ave State O37 Ode chapters 68A and 6 esse reports on or before ssessment of a civil per and the name of the con purposes of using the s all committees except for 301 through 68A.303 and esolved, and a final report | if applicable). Zip |